FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

l	OMB Number:	3235-0287								
l	Estimated average burden									
	hours per response:	0.5								

Section obligati	this box if no land 16. Form 4 oons may contition 1(b).	Estimated average burden														3235-0287 en 0.5						
1. Name and Address of Reporting Person* SINKS PATRICK							2. Issuer Name and Ticker or Trading Symbol MGIC INVESTMENT CORP [MTG]											of Reporting Person(s) to Issuer cable) 10% Owner			wner	
	MGIC PLAZA					3. Date of Earliest Transaction (Month/Day/Year) 02/12/2008											Officer (give title below) President and C			Other (specify below)		
250 EAS	T KILBOU	4.1	f Ame	endmen	t, Date	e of C) Driginal	Filed	(Month/D	6	. Indi	idual or	Joint/Group	Filin	g (Check Ar	oplicable						
(Street)	et) LWAUKEE WI 53202				_									Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	state)	(Zip)														1 01301	'				
		Tab	le I - Noi	n-Deriv	/ative	Se	curiti	es A	cqu	ired,	Dis	osed (of, or	Ben	efici	ally	Owned	t				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar) E	2A. Deemed Execution Da if any (Month/Day/Y		е,	Code (Ins		n Disposed C		ies Acquired (A) Of (D) (Instr. 3,		nd	5. Amour Securitie Beneficia Owned F Reported	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	(A) or O)	Price	:	Transact (Instr. 3	ion(s)			(Instr. 4)	
Common	Stock			02/12	2/2008	В				D		3,00	0	D	\$0		147,257			D		
Common Stock 02/12/						В						3,00	0	D	\$	0	144	144,257		D		
Common Stock																11,71		2.3446 ⁽¹⁾	I		By Issuer's Profit Sharing and Savings Plan	
		7	able II -	Deriva (e a r	tive S	Secu	urities s wai	ACC	quir	ed, D	ispo	sed of	, or E	enef	icial	ly O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transactio Code (Insti		5. Number of		-			of Securit r) Underlyin		e and A curities lying tive Se	nd Amount ities ng ve Security		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir	Ownership	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(A) (D)		e ercisable		xpiration		Am or Nu of e Sha		er						
Employee Stock Options (Right to Buy)	\$45.375									(2)	01	/26/2010	Comn		1,700	0		11,700)	D		
Employee Stock Options (Right to Buy)	\$63.8									(3)	01	/23/2012	Comn		0,000	0		20,000)	D		
Employee Stock Options (Right to Buy)	\$43.7									(4)	01	./22/2013	Comn		3,000			8,000		D		
Employee Stock Options (Right to Buy)	\$68.2									(5)	01	/28/2014	Comn		0,000	0		40,000)	D		

Explanation of Responses:

- 1. Balance as of December 31, 2007.
- 2. Partial vesting of these options occurred on January 26 of each of the five years beginning in 2001, based on certain performance standards. Any portion of the option which did not vest at January 26, 2005 will become vested on January 26, 2009 based on the reporting person's continued service to the Issuer.
- 3. All of these options are vested and exercisable in full.
- 4. One-fifth of these options vest on January 22 of each of the five years beginning in 2004.
- 5. One-fifth of these options vest on January 28 of each of the five years beginning in 2005.

Remarks:

This Form 4 is being signed by the reporting person's attorney-in-fact pursuant to a previously filed power of attorney.

Dan D. Stilwell

02/13/2008

** Signature of Reporting Person

Doto

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.